

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 07-FEB-2015	TIME 14:36:00	2. ADDRESS OF OCCURRENCE 310 W 115TH ST CHICAGO, IL 60628	3. LOCATION CODE 304	4. BEAT/OCCUR 0522				
	5. POSITION 9161	6. LAST NAME WHIGHAM	7. FIRST NAME JAMES L	8. STAR NO. 3462	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 601	12. HT. 190	13. WT. 190
	14. DATE OF APPT. 31-JUL-2006	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 312 6724I	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	20. LAST NAME GOLATTE	21. FIRST NAME ANTWON	22. M.L. D	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 510	27. WT. 190	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? OTHER (SPECIFY) [REDACTED]	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? CHRIST	34. BY WHOM? DR. [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	36. CHARGES PLACED	***** PLEASE SEE NEXT PAGE *****		37. CB NO. 19058073	IR NO. [REDACTED]	DNA			
	SUBJECT INFORMATION	38. SUBJECT'S ACTIONS		39. MEMBER'S RESPONSE		40. ADDITIONAL INFORMATION			
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>			
		STIFFENED (DEAD-WEIGHT) <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>			
OTHER _____		OTHER _____	OTHER VEHICLE _____	OTHER USED VEHICLE _____					
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>				
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER MOVEMENT TO AVOID AGG. <input type="checkbox"/>				
ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>					
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>	OTHER MOVEMENT TO AVOID AGG. BATTERY _____						
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>							
CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>								
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>	OTHER _____								
OTHER _____	OTHER _____	OTHER _____	OTHER _____						
REASON FOR USE OF FORCE (Check all that apply)	41. POSITION	STAR NO.	UNIT	42. INCIDENT OCCURRED					
	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS							
	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE					
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.				
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL NO. OF SHOTS MEMBER FIRED				
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
	64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.	68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)				
	69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN								
	70. EVENT NO. 1503809109								
	71. R.D. NO. HY143253								
72. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC								
SIGNATURES	NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.								
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
73. REPORTING MEMBER (Print Name) WHIGHAM, JAMES L 07-FEB-2015 21:00:07	STAR/EMPLOYEE NO. 3462	SIGNATURE [REDACTED]							
74. REVIEWING SUPERVISOR (Print Name) NELSON-JONES, NEDRA L	STAR NO. 2389	SIGNATURE [REDACTED]	DATE REVIEWED 07-FEB-2015 21:08:13	TIME 1073693					

SUBJECT
INFORMATION

36. CHARGES PLACED

720 ILCS 550.0/5.2-D, 720 ILCS 550.0/5.2-D, 720 ILCS 5.0/21-1.01-A-1, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 550.0/4-C

DNA

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Subject at Christ Hospital in surgery.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon information available at the time of this report it is the preliminary determination of the undersigned that Officer Whigham is in compliance with Department policy in that he moved away from the offender's vehicle.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073693 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

MC NAUGHTON, DAVID R

SIGNATURE

DATE COMPLETED TIME
07-FEB-2015 21:29:15

79. TOTAL TRR's THIS EVENT No.

4

1073693

25